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Roper, Logan & Tierney's Model of Living and Model of Nursing: A Support Workers Guide

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Abstract.

As a follow up to 'understanding the nursing process' (Stonehouse, 2017), this article examines the two complimentary model's of Roper, Logan and Tierney (1980), model of living and model of nursing. The different components which make up the two models will be explored and related to clinical practice. It is important for support workers to understand both models and how they are being utilised within their clinical environment. Through support workers examining different models will assist in achieving section 6 of The Code of Conduct for Healthcare Support Workers and Adult Social Care Workers in England (Skills for Care and Skills for Health, 2013) which states to "strive to improve the quality of healthcare, care and support through continuing professional development."

Key Words: Activities of Living, Dependence/independence Continuum, Individuality in Living, Individualising Nursing, Lifespan, Model of Living, Model of Nursing, Roper, Logan and Tierney, Support Workers.

Introduction

Support workers work closely with nursing colleagues implementing the nursing process to deliver high quality care. As Hamilton and Price (2013) state, the corner stone of the nursing process is assessment, which is structured and guided by models of care. Roper, Logan and Tierney in 1980 published 'The Elements of Nursing' which set out their model of living (see fig. 1) and their model of nursing (see fig. 2). Originally intended for students to introduce them to the concept and practice of nursing, the two models have been widely adopted across the UK and Europe (Timmins, & O'Shea, 2004). Both comprising of five interrelated concepts, activities of living, lifespan, dependence/independence continuum, factors influencing activities of living, and individuality in living/Individualising nursing (Roper et al, 2006).

Lifespan

Lifespan describes where a person is on a continuum from being born to dying. Roper et al (2006:55) identify five different stages being “infancy, childhood, adolescence, adulthood, senior citizenship.” However each person’s life span is of a different length with not everyone reaching all five stages (Healy and Timmons, 2003). Depending where a person is on their lifespan will affect each one of the twelve activities of living. For example an infant will potentially be more dependent and need very different care to someone in adulthood. However being in adulthood is no guarantee of being fully independent in all activities. An adult patient who is unconscious will require assistance in just about all activities of living, with possibly the exception of working and playing.

Dependence/independence Continuum

Dependence/independence continuum is closely linked to both the lifespan and the activities of living. Each activity needs to be assessed for how dependent or independent the person is in performing this activity. If these are mapped at the assessment stage of the nursing process, they can be re-evaluated to see if a patient is becoming more independent in each activity or if they are becoming more dependent as care is provided. The activities of living are often linked to one another and becoming independent in one may mean the same for other activities too. The same is true when a person becomes more dependent. For example a loss of mobility following surgery may mean the person becoming more dependent in maintaining a safe environment and in elimination needs. Requiring assistance to safely mobilise to the toilet.

Influencing Factors

Every person has factors within their lives which influence how they perform their activities of living. As Roper et al (2006:59) state this list could be very long and to make the model less complicated they have arranged potential factors into five broad categories, “biological, psychological, sociocultural, environmental, and politicoeconomic.” Each activity of living needs to be considered in light of these five categories. Biological may include the physical characteristics and genetic makeup of the person. Psychological may include emotional and intellectual factors. Sociocultural may include culture, ethics, philosophical, religious, spiritual, community, and their role within it. Environmental may include the natural and built environment, where a patient lives, the atmosphere of organic and inorganic particles and light and sound waves. Politicoeconomic may include legal and economic factors (Roper et al, 2006). Through applying these to each activity of living “highlights the individuality” of the person (Roper et al, 2006: 60).

Activities of Living.

Activities of living have purposely been left until now. The twelve activities of living are the central concept of the two models which together “contribute to the process of living” (Roper et al, 2006: 15). Each person carries out these activities, but they

will do so in their own unique way, influenced by where they are on their lifespan, their dependence or independence, and what factors may be influencing them. By assessing your patient using these twelve categories will assist the support worker in identifying what their normal activities are, (model of living), and then from a nursing/care viewpoint how these may have changed due to illness, accident, or increasing dependence (model of nursing). Obviously the focus of the questions will depend upon the patient's presenting problem or current symptoms.

Maintaining a Safe Environment

This is probably one of the activities which if totally independent in all twelve activities of living the patient will often take for granted. However when illness or disability is present then maintaining a safe environment is vital to protect the patient from harm. Where a person is on the lifespan will contribute to this. Younger patients may not be aware of the dangers present within a healthcare setting or as a result of their illness. At the same time an elderly patient who is suffering from confusion may be disorientated by an unfamiliar environment. Issues around pressure care and preventing falls as well as infection control measures need to be considered within this activity.

Communicating

It is important to assess a patient's communication skills. How do they normally communicate and is this being effected by their recent illness or accident. Aids to communication can be identified and implemented. Roper et al (2006) state that this activity is a good point to assess a person's pain. The reasoning for this is that communication, both verbal and non-verbal will play a large part here in how a person conveys their pain. Pain will also come into other activities of living as it has an effect upon them.

Breathing

This should have already been assessed as part of your initial airway, breathing and circulation assessment (Stonehouse, 2017). However at this point of the assessment you are finding out does the patient have any breathing difficulties. Do they take any medication to help them breath, such as inhalers? Do they smoke? Do they become breathless on movement?

Eating and Drinking

A patient's normal diet can be assessed here. Are there any special dietary needs that need to be catered for while they are in your care. Are they eating normally or has this changed recently? How much and how often do they eat? For patients who are under or over weight, or who are diabetic this is very important.

Eliminating

This can often be a sensitive activity for people to talk about especially to a stranger, however through building up a therapeutic relationship (Doherty & Thompson, 2014) and acting in a professional manner, patients will hopefully become comfortable discussing this. What is their normal activity in respect to elimination? Is the patient experiencing any problems with their bowels and bladder? How often do they go to the toilet? Again has this changed recently? Appropriate language needs to be used here as what an adult may understand and say may well be different to a child.

Personal Cleansing and Dressing

This activity is concerned with how self-caring a patient is in washing and dressing themselves. Do they normally wash, bath or shower and how often? Do they normally require assistance? Mouth care and teeth cleaning need to be considered. How do they like to dress? An assessment of a patient's skin and potential for developing pressure sores should be performed if relevant (Roper et al, 2006).

Controlling Body Temperature

This can be done by observing the patient and by taking their temperature. Do they look flushed or are they shivering? Ask the patient what is normal for them, do they usually feel hot or cold? Are they able to take off or put on clothes to help control their temperature?

Mobilizing

Is the patient able to mobilise freely or do they require aids or assistance. This may have changed drastically as a part of their admission and they may need reassurance and support with this. This activity can link directly with maintaining a safe environment and elimination.

Working and Playing

Finding out if a patient's recent or on-going illness is effecting or being effected by their work is important. Are they retired or working full or part time? Play also needs to be considered. Play is very important for both children and young people in hospital (Hubbuck, 2009, Stonehouse, 2014), but also for adults as well (Tonkin & Whitaker, 2016). It is important that this part of the assessment is not quickly passed over. Finding out what a patient likes to do, whether they call it play, or a pastime or a hobby, and then facilitating this, will help aid normality within a strange environment as well as many other therapeutic benefits (Bayliss and Etchells, 2016).

Expressing Sexuality

Again, this can be a sensitive activity to discuss with a patient you have only just met. However, it can be as simple as observing how the patient expresses their gender through how they dress. Do they have a partner with them or who will be visiting? If the presenting problem is related to this activity then deeper questions

may need to be asked. Does the illness or accident impact upon body image or function which may affect this activity?

Sleeping

Asking how a patient normally sleeps and has it been effected by their illness is an important question. Asking what time do they normally settle down for bed and what time do they get up in a morning are key to identifying what their normal routine is. Do they take any medication for sleeping and has this been prescribed for them while they will be in hospital? However, the reality is that a patient's sleep is likely to be altered by the unfamiliar clinical environment.

Dying

Roper et al (2006) state that this activity though included as one of the twelve, is only essential if it is relevant to the patient or the patient wants to discuss this sensitive topic. However any patient could have experienced a loss or bereavement and may wish to open up about it. The support worker needs to be sensitive to this possibility, giving time for the patient to talk if they wish. Again, the development of a therapeutic relationship will assist with this.

Individuality in Living and Individualising Nursing

Individuality in living and individualising nursing are the final part of the two models. Individuality of living describes the unique mix of the previous four components and how these combine to determine a person's individuality. As Hamilton and Price (2013:311) state "individuality in living is concerned with how an individual experiences and performs ALs according to their preferences, abilities and attitudes." Once a person's individual pattern of living has been assessed then actual and potential problems can be identified with their activities of living and an individualised plan of care can be identified and put into action using the nursing process. Actual problems are those that require solving whereas potential ones require preventative measures putting in place (Whittam, 2013:72). In reality, as each activity is assessed both the normal and the abnormal are identified before moving on to the next activity.

The nursing process can now continue with individualised care being planned, implemented with ongoing evaluation. As part of this evaluation, the assessment of the twelve activities needs to be regularly repeated as it is not a one off assessment, but as Roper et al (2006:134) state "it is an ongoing activity and one that requires to be tailored to the circumstances of the individual person."

Conclusion.

So to conclude, this article has highlighted the importance of support workers having a good working knowledge of the model of nursing within their clinical area. Through utilising the two models of living and nursing, together with the nursing process, will assist the support worker in performing a full and comprehensive assessment of the

patient. This will then lead on to the development of individualised quality care, supporting the patient to move from a position of dependence to independence where possible.

Key Points:

1. Support workers are key to the success of all stages of the nursing process.
2. Models of care guide and give structure to the assessment stage of the nursing process.
3. Utilising the model of living and model of nursing will aid in the delivery of individualised care.
4. Individuality is influenced by a patient's attitudes, abilities and preferences.
5. By following the nursing process and models of living and nursing, quality individualised care should and can be delivered.

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